

Docket No. 0575/51917-CA-PCT-US/JPW/JCSIN THE UNITED STATES PATENT AND TRADEMARK OFFICEApplicant(s): David J. Pinsky, et al.Serial No. : 10/679,135Examiner: J. PakFiled : October 3, 2003Group Art Unit: 1616For : A METHOD FOR TREATING ISCHEMIC DISORDER USING CARBONMONOXIDE

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: April 10, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. \$1.9 and \$1.27 has been previously established.

A verified statement to establish small entity status under 37 C.F.R. \$1.9 and \$1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	18 -	* 43 =	*** 0 X	\$25	\$50	=		0
Indepen- dent Claims	1 -	** 10 =	*** 0 X	\$100	\$200	=		0
Multiple Dependent Claim(s) Presented For First Time Yes <u>X</u> No				\$180	\$360	=		0
				TOTAL ADDITIONAL FEE			\$ 0.00	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

- ☒ One additional copy of this Amendment Transmittal Letter
- ☒ Return Receipt Postcard
- ☒ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☒ No ☐
and a fee of \$ _____ included)
- ☒ A Petition for an Extension of Time, including a fee of
\$ 120.00 for a Petition for 1 Month(s) Extension of Time
- _____ Other (identify): _____

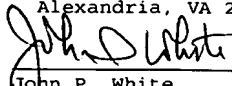
THE TOTAL FEE DUE IS \$ 120.00.

- ☒ A check in the amount of \$ 120.00 is enclosed.
- _____ Please charge Deposit Account No. _____ in the amount of
\$ _____.
- ☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
- ☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
- _____ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



John P. White
Registration No. 28,678
Attorney for Applicant(s)
Cooper & Dunham LLP (Customer #23432)
1185 Avenue of the Americas
New York, New York 10036
(212) 278-0400

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.	
 John P. White Reg. No. 28,678	<u>4110606</u> Date